ENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	A. Received by (Please Print Clearly)  B. Date of Delivery  C. Signature  X Agent  Addressee
Article Addressed to:  DOUGLAS NIELSEN  ROAD SUPERVISOR  DUCHESNE CO  PO BOX 356	D. Is delivery address different from item 12  Yes  If YES, enter delivery address below: E  No
DUCHESNE UT 84021-0356	3. Service Type  XX Certified Mail
Article Number (Copy from service label)  Z 230 748 239	
S Form 3811, July 1999 Domestic Return Receipt 102595-00-M-0952	

